STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G352	A. BUILDING _____ B. WING _____	09/06/2023

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HILLTOP HOME	2820 KIDD ROAD RALEIGH, NC 27610

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E 039	EP Testing Requirements CFR(s): 483.475(d)(2) §416.54(d)(2), §418.113(d)(2), §441.184(d)(2), §460.84(d)(2), §482.15(d)(2), §483.73(d)(2), §483.475(d)(2), §484.102(d)(2), §485.68(d)(2), §485.542(d)(2), §485.625(d)(2), §485.727(d)(2), §485.920(d)(2), §491.12(d)(2), §494.62(d)(2). *[For ASCs at §416.54, CORFs at §485.68, REHs at §485.542, OPO, "Organizations" under §485.727, CMHCs at §485.920, RHCs/FQHCs at §491.12, and ESRD Facilities at §494.62]: (2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following: (i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event. (ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by	E 039		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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E 039	Continued From page 1 a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed. *[For Hospices at 418.113(d):] (2) Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following: (i) Participate in a full-scale exercise that is community based every 2 years; or (A) When a community based exercise is not accessible, conduct an individual facility based functional exercise every 2 years; or (B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full scale community-based exercise or individual facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using	E 039		

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E 039	Continued From page 2 a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (3) Testing for hospices that provide inpatient care directly. The hospice must conduct exercises to test the emergency plan twice per year. The hospice must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual facility-based functional exercise; or (B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community based or facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop led by a facilitator that includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency plan, as needed.	E 039		

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E 039	Continued From page 3 *[For PRFTs at §441.184(d), Hospitals at §482.15(d), CAHs at §485.625(d):] (2) Testing. The [PRTF, Hospital, CAH] must conduct exercises to test the emergency plan twice per year. The [PRTF, Hospital, CAH] must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or (B) If the [PRTF, Hospital, CAH] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an [additional] annual exercise or and that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, a facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the [facility's] emergency plan, as needed. *[For PACE at §460.84(d):]	E 039		

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E 039	Continued From page 4 (2) Testing. The PACE organization must conduct exercises to test the emergency plan at least annually. The PACE organization must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or (B) If the PACE experiences an actual natural or man-made emergency that requires activation of the emergency plan, the PACE is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional exercise every 2 years opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the PACE's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the PACE's emergency plan, as needed. *[For LTC Facilities at §483.73(d):] (2) The [LTC facility] must conduct exercises to	E 039		

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E 039	Continued From page 5 test the emergency plan at least twice per year, including unannounced staff drills using the emergency procedures. The [LTC facility, ICF/IID] must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise. (B) If the [LTC facility] facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [LTC facility] facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [LTC facility] facility's emergency plan, as needed. *[For ICF/IIDs at §483.475(d)]: (2) Testing. The ICF/IID must conduct exercises to test the emergency plan at least twice per year. The ICF/IID must do the following: (i) Participate in an annual full-scale exercise that	E 039		

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E 039	Continued From page 6 is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or. (B) If the ICF/IID experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IID is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the ICF/IID's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IID's emergency plan, as needed. *[For HHAs at §484.102] (d)(2) Testing. The HHA must conduct exercises to test the emergency plan at least annually. The HHA must do the following: (i) Participate in a full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise every 2 years; or.	E 039		

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E 039	Continued From page 7 (B) If the HHA experiences an actual natural or man-made emergency that requires activation of the emergency plan, the HHA is exempt from engaging in its next required full-scale community-based or individual, facility based functional exercise following the onset of the emergency event. (ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the HHA's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA's emergency plan, as needed. *[For OPOs at §486.360] (d)(2) Testing. The OPO must conduct exercises to test the emergency plan. The OPO must do the following: (i) Conduct a paper-based, tabletop exercise or workshop at least annually. A tabletop exercise is led by a facilitator and includes a group discussion, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared	E 039		

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E 039	Continued From page 8 questions designed to challenge an emergency plan. If the OPO experiences an actual natural or man-made emergency that requires activation of the emergency plan, the OPO is exempt from engaging in its next required testing exercise following the onset of the emergency event. (ii) Analyze the OPO's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed. *[RNCHIs at §403.748]: (d)(2) Testing. The RNHCI must conduct exercises to test the emergency plan. The RNHCI must do the following: (i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (ii) Analyze the RNHCI's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the RNHCI's emergency plan, as needed. This STANDARD is not met as evidenced by: Based on document review and interviews, the facility failed to ensure facility community-based, mock disaster drill or tabletop exercises to test their Emergency Preparedness (EP) plan were conducted. This potentially affected audited clients (#1, #2,#3 and #4). This finding is: Review on 9/5/23 of the facility's EP plan, did not include a full-scale community-based or tabletop exercise. Interview on 9/6/23, the Office Manager	E 039		

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E 039	Continued From page 9 confirmed an incident happened at the local hospital with an active shooter possibly in the community however no documentation of the incident or exercise was completed.	E 039		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 4 of 4 audit clients (#2, #9, #13 and #14). The findings are: A. Review on 9/5/23 of client #2's Individual Program Plan (IPP) dated 1/31/23 revealed formal training programs for demonstrating a neutral or positive response for at least 5 seconds while being assisted to brush his teeth with data to be collected at least 5 days per week on 1st and 2nd shift, attending to a musical toy for 10 seconds as noted with his ability to remain alert and focused on the toy with data to be collected at least 4 times per week on 1st shift and at least 3 times per week on 2nd shift, tolerating hand over hand assistance to play with a toy for 15 seconds with data to be collected at least 4 days per week on 1st shift and at least 3 days per week on 2nd shift, grasping a small object placed in his hand for 5 seconds with data to be	W 252		

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W 252	Continued From page 10 collected at least 5 times per week on 1st shift and at least 3 times per week on 2nd shift and orienting to a sound source as noted by eye gaze or head turn with data to be collected at least 5 days per week on 1st shift and at least 4 days per week on 2nd shift. Review on 9/6/23 of client #2's program plan data sheets for August 2023 revealed 15 days of documentation on demonstrating a positive or neutral response on 1st shift and zero days of documentation for September on 1st or 2nd shift, attending to a musical toy had 5 days of documentation in August on 1st shift and zero days in September for 1st or 2nd shift, tolerating hand over hand assistance to play with a toy had 5 days of documentation in August on 1st shift and zero days of documentation in September for 1st or 2nd shift, grasping a small object placed in his hand had 4 days of documentation in August on 1st shift and zero days of documentation on 1st or 2nd shift in September and orienting to a sound had 15 days of documentation in August on 1st shift and zero documentation in September on 1st or 2nd shift. B. Review on 9/5/23 of client #9's IPP dated 4/12/23 revealed formal training programs for reaching out with physical assistance to a toy he wants to play with data to be collected 5 days per week on 1st and 2nd shift, reacting positively to positive adult interaction with data to be collected 5 days per week on 1st and 2nd shift, maintaining eye contact with speaker when speaker is talking to him with data to be collected 5 days per week on 1st and 2nd shift and looking toward a sound presented on either side of him with data to be collected 5 times per week on 1st and 2nd shift.	W 252		

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W 252	Continued From page 11	W 252		

Review on 9/6/23 of client #9's program plan data sheets for August 2023 revealed 3 days of documentation on reaching out with physical assistance on 1st shift and 12 days of documentation on 2nd shift, 15 days of documentation on reacting positively to positive interactions on 1st and 11 days of documentation on 2nd shift, 14 days of documentation for maintaining eye contact with speaker on 1st shift and 11 days of documentation on 2nd shift and 3 days of documentation on 1st shift for looking toward a sound and 10 days of documentation on 2nd shift.

C. Review on 9/5/23 of client #13's IPP dated 2/21/23 revealed formal training programs objective #1.1- assist with putting on her shirt.. collect data five days per week 1st shift. Objective #2.1 sort the shapes..., data to be collected at least two days per week on 1st and 2nd shift. Objective #3.1 navigate her IPad to choose what she would like to watch..., collect data three days per week 1st shift, collect data five days per week 2nd shift. Objective #4.1 respond positively to a two-minute walk with assistance.. collect data two day per week 2nd shift.

Review on 9/6/23 of client #13's program plan data sheets for August 2023 revealed objective #1.1 4 days on 1st shift and 9 days on 2nd data collected. Objective #2.1 No data documented. Objective #3.1 5 days on 1st shift and 9 days on 2nd shift data collected. Objective No data collected

D. Review on 9/5/23 of client #14's IPP dated 6/7/23 revealed formal training programs objective #1.1 tap capability switch to indicate turn the page...collect data five days per week 1st

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W 252	Continued From page 12 and 2nd shift. Objective#2.1 hold toothbrush when placed in hand.. collect data 5 days per week. Objective #3.1 choose a preferred toy by reaching out to the toy collect data 5 days per week 1st and 2nd shift. Objective #3.2 will use her capability switch to activate an interactive toy.. collect data 5 days per week. Objective #3.3 will use her switch to activate and wait until toy is finished before reactivating it again...collect data five days per week. Review on 9/6/23 of client #14's program plan data sheets for August 2023 revealed objective #1.1 data collected 1 time. Objective #2.1 data collected 9 time. Objective #3.1 data collect 1 time. Objective #3.2 data collected 5 days. Objective #3.3 data collected 1 time. Interview on 9/6/23 the Qualified Intellectual Development Professional confirmed data was not collect as written on the program goal sheets. She indicated that the treatment team meets quarterly to discuss goals and progress of the goals. She reviews the goal documentation book sometimes but does not collect the sheet until the end of the month.	W 252		